

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
		Rule 29 MENTAL HEALTH CENTER or CLINIC Certification March 2007					
		POLICY, PROCEDURE AND PRACTICES					
		Organizational Structure of Center					
	9520.0770, Subp. 1	The center or the facility of which it is a unit shall be legally constituted as a partnership, corporation, or government agency. The center shall be either the entire facility or a clearly identified unit within the facility which is administratively and clinically separate from the rest of the facility. All business shall be conducted in the name of the center or facility, except medical assistance billing by individually enrolled providers when the center is not enrolled.					
	9520.0770, Subp. 2	The center shall document that the prevention, diagnosis, and treatment of mental illness are the main purposes of the center.					
	9520.0770, Subp. 2	If the center is a unit within a facility, the rest of the facility does not provide outpatient treatment of mental illness.					
	9520.0770, Subp. 3	The center shall have a legally responsible governing body with written documentation of its source of authority.					
	9520.0770, Subp. 4	Chart or statement of organization. The center shall have an organizational chart or statement which specifies the relationships among the governing body, any administrative and support staff, mental health professional staff, and mental health practitioner staff; their respective areas of responsibility; the lines of authority involved; the formal liaison between administrative and clinical staff; and the relationship of the center to the rest of the facility and any additional services provided.					
		Secondary Locations- Satellite Offices					
	9520.0780, Subp. 1	The center shall notify the commissioner of all center locations. If there is more than one center location, the center shall designate one as the main office and all secondary locations as satellite offices.					
	9520.0780, Subp. 1,A	Each satellite office shall: be included as a part of the legally constituted entity;					
	9520.0780, Subp. 1,B	adhere to the same clinical and administrative policies and procedures as the main office;					
	9520.0780, Subp. 1,C	operate under the authority of the center's governing body;					

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	9520.0780, Subp. 1,D	store all center records and the client records of terminated clients at the main office;					
	9520.0780, Subp. 1,E	ensure that a mental health professional is at the satellite office and competent to supervise and intervene in the clinical services provided there, whenever the satellite office is open;					
	9520.0780, Subp. 1,F	ensure that its multidisciplinary staff have access to and interact with main center staff for consultation, supervision, and peer review; and					
	9520.0780, Subp. 1,G	ensure that clients have access to all clinical services provided in the treatment of mental illness and the multidisciplinary staff of the center.					
	V9520.0780, Subp. 1,D	VARIANCE CONDITIONS re: 9520.0780, Subp. 1,D. (NA if no variance granted for this subpart.)The satellite facility was open 32 hours per week or more, AND					
	V9520.0780, Subp. 1,D	(VARIANCE CONT.) The client files were kept secure at all times so that client confidentiality was not violated; AND					
	V9520.0780, Subp. 1,D	(VARIANCE CONT.) Satellite center records, including files for active and terminated clients, were available for Rule 29 certification reviews.					
		Minimum Treatment Standards					
	9520.0790, Subp. 2	The center shall establish an intake or admission procedure which outlines the intake process, including the determination of the appropriateness of accepting a person as a client by reviewing the client's condition and need for treatment, the clinical services offered by the center, and other available resources.					
	9520.0790, Subp. 8	The center shall ensure that clinical services to treat mental illness are available to clients on an emergency basis.					
	9520.0790, Subp. 9	The center shall document that it has access to hospital admission for psychiatric inpatient care, and shall provide that access when needed by a client. This requirement for access does not require direct hospital admission privileges on the part of qualified multidisciplinary staff.					

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	9520.0790, Subp. 6	The center shall establish standards for case review and encourage the ongoing consultation among multidisciplinary staff. The purpose of these meetings shall be case review and consultation. Written minutes of the meeting shall be maintained at the center for at least three years after the meeting.					
		Quality Assurance					
	9520.0800, Subp. 1	The center shall develop written policies and procedures and shall document the implementation of these policies and procedures for each treatment standard and each quality assurance standard in subparts 2 to 7. The policies shall be approved by the governing body. The procedures shall indicate what actions or accomplishments are to be performed, who is responsible for each action, and any documentation or required forms. Multidisciplinary staff shall have access to a copy of the policies and procedures at all times.					
	9520.0800, Subp. 2	The center shall have a multidisciplinary peer review system to assess the manner in which multidisciplinary staff provide clinical services in the treatment of mental illness.					
		Violations of Standards					
	9520.0800, Subp. 6	The center shall have procedures for the reporting and investigating of alleged unethical, illegal, or grossly negligent acts, and of the serious violation of written policies and procedures. The center shall document that the reported behaviors have been reviewed and that responsible disciplinary or corrective action has been taken if the behavior was substantiated.					
	9520.0800, Subp. 6	The procedures shall address both client and staff reporting of complaints or grievances regarding center procedures, staff, and services. Clients and staff shall be informed they may file the complaint with the department if it was not resolved to mutual satisfaction.					
	9520.0800, Subp. 6	The center shall have procedures for the reporting of suspected abuse or neglect of clients, in accordance with Minnesota Statutes, sections 611A.32, subdivision 5; 626.556; and					
	9520.0800, Subp. 6	626.557.					
	9520.0800, Subp. 7	Client information compiled by the center, including client records and minutes of case review and consultation meetings, shall be protected as private data under the Minnesota Government Data Practices Act.					

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		Minimum Staffing Requirements					
	9520.0810, Subp. 1,A	The multidisciplinary staff of a center shall consist of at least four mental health professionals. At least two of the mental health professionals shall each be employed or under contract for a minimum of 35 hours a week by the center.					
	9520.0810, Subp. 1,A	Those two mental health professionals shall be of different disciplines.					
	9520.0810, Subp. 1,B	The mental health professional staff shall include a psychiatrist and a licensed psychologist.					
	9520.0810, Subp. 1,C	The licensed psychologist employed or under contract to the center shall be at the main office of the center and providing clinical services in the treatment of mental illness at least eight hours every two weeks.					
	9520.0810, Subp. 1,C	The psychiatrist employed or under contract to the center shall be at the main office of the center and providing clinical services in the treatment of mental illness at least eight hours every two weeks. (NA if variance granted, see below)					
	V9520.0810, Subp. 1,C	(NA IF NO VARIANCE GRANTED) Variance Conditions for Psychiatric hours: Number of FT staff Minimum Hours/Month 2.0-5.0=2 hours 5.1-15.0 FTE=4 hours 15.1-25.0 FTE=8 hours over 25 FTE= No variance In home only= 2 hours					
	9520.0810, Subp. 2	Staffing balance: Additional MH professional staff may be employed by or under contract to the center provided that no single mental health discipline or combination of allied fields shall comprise more than 60 percent of the FTE MH professional staff. This provision does not apply to a center with fewer than 6 FTE MH professional staff.					
	9520.0810, Subp. 2	MH practitioners may also be employed by or under contract to a center to provide clinical services for the treatment of mental illness in their documented area of competence. MH practitioners shall not comprise more than 25 percent of the FTE multidisciplinary staff. In determination of FTE, only time spent in clinical services for the treatment of mental illness shall be considered.					

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		PERSONNEL FILES					
		Qualifications					
	9520.0810, Subp. 3	The center shall maintain records sufficient to document that the center has determined and verified the clinical service qualifications of each multidisciplinary staff person, and sufficient to document each multidisciplinary staff person's terms of employment.					
	File 1	File 2	File 3	File 4	File 5		
	9520.0810, Subp. 4	Credentialed occupations: The center shall adhere to the qualifications and standards specified by rule for any human service occupation credentialed under Minnesota Statutes, section 214.13 and employed by or under contract to the center.					
	File 1	File 2	File 3	File 4	File 5		
		Case Consultation					
	9520.0790, Subp. 6	The multidisciplinary staff shall attend staff meetings at least twice monthly for a minimum of four hours per month, or a minimum of two hours per month if the multidisciplinary staff person provides clinical services in the treatment of mental illness less than 15 hours per week.					
	File 1	File 2	File 3	File 4	File 5		
		Staff Supervision					
	9520.0800, Subp. 4,A	The center shall have a clinical evaluation and supervision procedure which identifies each multidisciplinary staff person's areas of competence and documents that each multidisciplinary staff person receives the guidance and support needed to provide clinical services for the treatment of mental illness in the areas they are permitted to practice.					
	File 1	File 2	File 3	File 4	File 5		

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	9520.0800, Subp. 4,B	A mental health professional shall be responsible for the supervision of the mental health practitioner, including approval of the individual treatment plan and					
	File 1	File 2	File 3	File 4	File 5		
	9520.0800, Subp. 4,B	bimonthly case review of every client receiving clinical services from the practitioner. This supervision shall include a minimum of one hour of face-to-face, client-specific supervisory contact for each 40 hours of clinical services in the treatment of mental illness provided by the practitioner.					
	File 1	File 2	File 3	File 4	File 5		
		Continuing Education					
	9520.0800, Subp. 5	The center shall require that each multidisciplinary staff person attend a minimum of 36 clock hours every two years of academic or practical course work and training. This education shall augment job -related knowledge, understanding, and skills to update or enhance staff competencies in the delivery of clinical services to treat mental illness. Continued licensure as a mental health professional may be substituted for the continuing education requirement of this subpart.					
	File 1	File 2	File 3	File 4	File 5		
		Peer Review					
	9520.0800, Subp. 2	Peer review shall include the examination of clinical services to determine if the treatment provided was effective, necessary, and sufficient and of client records to determine if the recorded information is necessary and sufficient.					
	File 1	File 2	File 3	File 4	File 5		

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	9520.0800, Subp. 2	The system shall ensure review of a randomly selected sample of five percent or six cases, whichever is less, of the annual caseload of each mental health professional by other mental health professional staff.					
	File 1	File 2	File 3	File 4	File 5		
	9520.0800, Subp. 2	Peer review findings shall be discussed with staff involved in the case and followed up by any necessary corrective action. Peer review records shall be maintained at the center.					
	File 1	File 2	File 3	File 4	File 5		
		CLIENT RECORDS					
	9520.0790, Subp. 2	The center shall document that case assignment for assessment, diagnosis, and treatment is made to a competent, multidisciplinary staff person. Responsibility for each case shall remain with a mental health professional.					
	File 1	File 2	File 3	File 4	File 5		
	9520.0790, Subp. 3	The assessment of each client shall include clinical consideration of the client's general physical, medical, developmental, family, social, psychiatric, and psychological history and current condition.					
	File 1	File 2	File 3	File 4	File 5		

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	9520.0790, Subp. 3	The diagnostic statement shall include the diagnosis based on the codes in the International Classification of Diseases or the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and refer to the pertinent assessment data. The diagnosis shall be by or under the supervision of and signed by a psychiatrist or licensed psychologist.					
	File 1	File 2	File 3	File 4	File 5		
	9520.0790, Subp. 3	The diagnostic assessment, as defined by Minnesota Statutes, sections 245.462, subdivision 9, for adults, and 245.4871, subdivision 11, for children, must be provided by a licensed mental health professional in accordance with Minnesota Statutes, section 245.467, subdivision 2.					
	File 1	File 2	File 3	File 4	File 5		
	9520.0790, Subp. 4	The individual treatment plan, based upon a diagnostic assessment, shall be jointly developed by the client and the mental health professional.					
	File 1	File 2	File 3	File 4	File 5		
	9520.0790, Subp. 4	The planning procedure shall ensure that the client has been informed in the following areas: assessment of the client condition;					
	File 1	File 2	File 3	File 4	File 5		
	9520.0790, Subp. 4	treatment alternatives; possible outcomes and side effects of treatment; treatment recommendations;					
	File 1	File 2	File 3	File 4	File 5		

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	9520.0790, Subp. 4	approximate length, cost, and hoped-for outcome of treatment;					
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	9520.0790, Subp. 4	the client's rights and responsibilities in implementation of the individual treatment plan; staff rights and responsibilities in the treatment process; the Government Data Practices Act; and procedures for reporting grievances and alleged violation of client rights.					
	File 1	File 2	File 3	File 4	File 5		
	9520.0790, Subp. 4	If the client is considering chemotherapy, hospitalization, or other medical treatment, the appropriate medical staff person shall inform the client of the treatment alternatives, the effects of the medical procedures, and possible side effects. Clinical services shall be appropriate to the condition, age, sex, socioeconomic, and ethnic background of the client, and provided in the least restrictive manner. Clinical services shall be provided according to the individual treatment plan and existing professional codes of ethics.					
	File 1	File 2	File 3	File 4	File 5		
	9520.0790, Subp. 5	The center shall maintain a client record for each client. The record must document the assessment process, the development and updating of the treatment plan, the treatment provided and observed client behaviors and response to treatment, and serve as data for the review and evaluation of the treatment provided to a client.					
	File 1	File 2	File 3	File 4	File 5		

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	9520.0790, Subp. 5,A	The record shall include: A. a statement of the client's reason for seeking treatment;					
	File 1	File 2	File 3	File 4	File 5		
	9520.0790, Subp. 5,B	B. a record of the assessment process and assessment data;					
	File 1	File 2	File 3	File 4	File 5		
	9520.0790, Subp. 5,C	C. the initial diagnosis based upon the assessment data;					
	File 1	File 2	File 3	File 4	File 5		
	9520.0790, Subp. 5,E	E. a record of all medication prescribed or administered by multidisciplinary staff;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0790, Subp. 5,F	F. documentation of services received by the client, including consultation and progress notes;					
	File 1	File 2	File 3	File 4	File 5		
9520.0790, Subp. 5,G	G. when necessary, the client's authorization to release private information, and client information obtained from outside sources;						
File 1	File 2	File 3	File 4	File 5			

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	9520.0790, Subp. 5,H	H. at the closing of the case, a statement of the reason for termination, current client condition, and the treatment outcome; and					
	File 1	File 2	File 3	File 4	File 5		
	9520.0790, Subp. 7	If the necessary treatment or the treatment desired by the client is not available at the center, the center shall facilitate appropriate referrals. The multidisciplinary staff person shall discuss with the client the reason for the referral, potential treatment resources, and what the process will involve. The staff person shall assist in the process to ensure continuity of the planned treatment.					
	File 1	File 2	File 3	File 4	File 5		
		Variance for In-Home Services provided by a MH practitioner					
	V9520.0780, Subp. 1	The requirements for satellite locations described in MN Rules, part 9520.0780, Subp. 1, are varied for the provision of in-home services, with the stipulation that the program complies with the following clinical supervision requirements stated in the Minnesota Health Care Programs (MHCP) Provider Manual, Chapter 16, Children's Rehabilitative Mental Health Services:MH practitioners who have a consulting relationship with a MH professional may provide in-home skills training components of Children's Therapeutic Services and Supports (CTSS) and crisis assistance services if the following supervision requirements are met:The clinical supervisor, who is a MH professional enrolled in Mental Health Care Programs (MHCP), must accept full professional responsibility.					
	File 1	File 2	File 3	File 4	File 5		
	V2960.0780,	The clinical supervisor must be present on-site at least for one observation during the first 12 hours in which the practitioner provides services.					
	File 1	File 2	File 3	File 4	File 5		

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	V2960.0780,	After the first 12 hours, the clinical supervisor is required to be on-site for observation as clinically appropriate.					
	File 1	File 2	File 3	File 4	File 5		
	V2960.0780,	The observation must be a minimum of one clinical hour for CTSS.					
	File 1	File 2	File 3	File 4	File 5		
	V2960.0780,	The on-site observation must be documented in the child's record and signed by the MH professional.					
	File 1	File 2	File 3	File 4	File 5		
	V2960.0780,	Day Treatment- 50% supervision					
	File 1	File 2	File 3	File 4	File 5		
	V2960.0780,	The staffing balance requirement in Minnesota Rules, part 9520.0810, subpart 2, which states that MH Practitioners shall not comprise more than 25 percent of the full time equivalent multidisciplinary staff is varied for the provision of in-home services only.					
	File 1	File 2	File 3	File 4	File 5		